MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/530301**

APPLICANT(S)

G DATE

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
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146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5							55						
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20							70						
21							71						
22							72		1				
23							73				1		
24							74				1		
25							75				1		
26							76				1		
27							77				1		
28							78				1		
29							79				1		
30							80				1		
31							81				1		
32							82				1		
33							83				1		
34							84				1		
35							85				1		
36							86				1		
37							87				1		
38							88				1		
39							89				1		
40							90				1		
41							91				1		
42							92				1		
43							93				1		
44							94				1		
45							95				1		
46							96				1		
47							97				1		
48							98				1		
49							99				1		
50							100				1		
TOTAL IND.	↓		↓		↓		TOTAL IND.			1	↓		↓
TOTAL DEP.	←		←		←		TOTAL DEP.				←		←
TOTAL CLAIMS							TOTAL CLAIMS						

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